


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		05 JUL -1 AM 8:25 STATE OF FLORIDA	
DOCUMENT # P02000053333					
1. Corporation Name Capp's Contracting, Inc					
2. Principal Office Address 54549 CRAVEY ROAD			3. Mailing Office Address 54549 CRAVEY ROAD		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State CALLAHAN, FLORIDA			City & State CALLAHAN, FLORIDA		
Zip 32011	Country USA	Zip 32011	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 2002	
				5. FEI Number 460479927	Applied For Not Applicable
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name LAQUITA JAN CAPPS					
Street Address (P.O. Box Number is Not Acceptable) 54549 CRAVEY ROAD					
Suite, Apt. #, Etc.					
City CALLAHAN				State FL	Zip Code 32011
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent <i>Laquita J. Capps</i>				Date 6/23/05	
<small>REGISTERED AGENT MUST SIGN</small>					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
PD	WILLIAM I CAPPS	54549 CRAVEY ROAD		JACKSONVILLE, FLORIDA 32011	
VD	LAQUITA J CAPPS	54549 CRAVEY ROAD		JACKSONVILLE, FLORIDA 32011	
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: <i>William Capps</i>		WILLIAM I CAPPS		Date 6/16/05	Daytime Phone # 904-874-4508
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2E081 (01/05)